

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

8952

1. PLACE OF DEATH  
 50 County Jefferson Registration District No. #20  
 27 Township ..... Primary Registration District No. 3022  
 7 City Delato Mo (No. ....) St. .... Ward) .....

2. FULL NAME Henry Litzellman  
 (a) Residence, No. 1200 N. Main St. .... Ward. ....  
 (Usual place of abode) (If nonresident, give city or town and State)  
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF .....

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 24 1861

|        |           |           |           |                                  |
|--------|-----------|-----------|-----------|----------------------------------|
| 7. AGE | YEARS     | MONTHS    | DAYS      | IF LESS than 1 day, hrs. or min. |
|        | <u>70</u> | <u>10</u> | <u>11</u> |                                  |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Boiler Maker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Mo. R.R. Shops

10. Date deceased last worked at this occupation (month and year) July 1922 11. Total time (years) spent in this occupation. 20

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

MOTHER FATHER

13. NAME Don't Know

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't Know 31

15. MAIDEN NAME Don't Know

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known

17. INFORMANT H. A. Elder  
 (ADDRESS) 104 So. Main Delato Mo

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE Delato DATE Mar 27 1932

19. UNDERTAKER Richardson & Mathishead  
 (ADDRESS) Delato Mo

20. FILED 3/27 1932  
B. L. Carney  
 Registrar

**1 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 20 1932

22. I HEREBY CERTIFY, That I attended deceased from Coroner's Investigation, 19.....  
 I last saw h..... alive on....., 19..... Death is said to have occurred on the date stated above, at 5: A. M.  
 The principal cause of death and related causes of importance were as follows:  
Cerebral Hemorrhage Date of onset .....

Other contributory causes of importance: (5)

Name of operation None Date of .....

What test confirmed diagnosis History Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide?..... Date of injury....., 19.....  
 Where did injury occur?..... (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....  
 Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No  
 If so, specify None  
 (Signed) Walter E. Gibson  
 (Address) Coroner Jefferson County, Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

APR 7 1932

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